

C-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for 80 hours of work hardening.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 06/04/12, 06/17/12

Preauthorization request dated 05/25/12

Reconsideration dated 06/07/12

Functional capacity evaluation dated 05/24/12

Reassessment for work hardening program continuation dated 05/25/12

PPE dated 04/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date, the patient was driving a company van and was rear-ended from behind by another vehicle, which injured his back. PPE dated 04/02/12 indicates that required PDL is medium and current PDL is light. Functional capacity evaluation dated 05/24/12 indicates that current PDL is light to medium. Reassessment for work hardening program continuation dated 05/25/12 indicates that the patient has completed 80 hours of work hardening to date. FABQ-W has increased from 22 to 25 and FABQ-PA from 8 to 12. BDI increased from 7 to 12 and BAI decreased from 11 to 6. Pain level remains 5/10, irritability 5/10, depression 2/10. Frustration increased from 5 to 7. Muscle tension decreased from 6 to 5, anxiety from 5 to 4 and sleep problems from 6 to 5. Current medication is Hydrocodone-acetaminophen. The patient has continued to work part time with restrictions during the program.

A request for work hardening was denied on 06/04/12. The peer reviewer writes that this patient has had 80 prior hours of work hardening program with little or no evidence of

functional improvement. The scant documentation on file fails to establish the presence of any specific orthopedic, neurologic or musculoskeletal deficits that would prevent or preclude the claimant from returning to regular work on a trial basis. There is no indication that the claimant has a job to return to at this point in time. There is no evidence that he has tried and failed to return to work formerly. His psychological comorbidities are a relative barrier toward re-enrollment in work conditioning/work hardening program. An appeal letter dated 06/07/12 states that the patient has a strong desire to return to work without restrictions and perform the same duties he was performing prior to the injury. The denial was upheld on appeal dated 06/17/12 noting that the claimant has completed 80 hours of the program to date without significant improvement.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This patient has completed 80 hours of work hardening program to date with limited improvement. FABQ-W has increased from 22 to 25 and FABQ-PA from 8 to 12. BDI increased from 7 to 12 and BAI decreased from 11 to 6. Pain level remains 5/10, irritability 5/10, depression 2/10. Frustration increased from 5 to 7. Muscle tension decreased from 6 to 5, anxiety from 5 to 4 and sleep problems from 6 to 5. The patient continues to take Hydrocodone. The patient's physical demand level increased from light to light-medium. The Official Disability Guidelines note that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Given the lack of significant progress in the program to date, the reviewer finds that medical necessity does not exist for 80 hours of work hardening.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)